

**Interview with CAPT Dorothy Leonard, NC, USN (Ret.) Navy nurse aboard USS *Repose* (AH-16) during the Vietnam War. Conducted by Mr. Jan K. Herman, Navy Medical Department Historian, at Las Vegas, NV, 13 May 2003.**

**Where are you from?**

I'm from New York, born in Brooklyn. I lived in Sheepshead Bay until we moved to Queens--Richmond Hill near Jamaica.

**When did you decide you wanted to be a nurse?**

I can tell you exactly when it was. I was about 9 years old and I broke my arm roller skating. I went to the hospital and said, "Gee, nurses do good work." And ever since then I just kept planning on it. Everything was building toward being a nurse. I had no idea what else nurses did but I thought they were good people; they took good care of me.

**When did you decide to put the Navy together with nursing?**

I was always a fan of the Navy from childhood during World War II. I remember that I was given a hat that resembled the WAVES hat that they wore at the time--Navy blue and white. I thought that was great and I watched a lot of movies and it was always the Navy. That was true even through high school and nursing school and I even brought one of my classmates into the Navy with me when I graduated. It was always part of my life; it was never anything else.

**Please describe the whole process of joining the Navy and getting your orientation.**

I was working as a civilian nurse. I graduated from the hospital school of nursing and we had an unwritten agreement that we would stay on at least a year at a hospital until the next class graduated. So I did that. I stayed for a year until I got my license and worked, then gave them my notice while I was making my application to the Navy. It was just another progression toward the day that I signed on the dotted line and went off to Newport. At that time Officer Indoctrination School had been moved from St. Albans where nurses had their orientation up to Newport, RI, where we learned to march and learned about the Navy. I got to see ships in the harbor up close and personal for the first time. That was the fun part. That was the first time in addition to nursing school where a group of women were living together and learning how to get along together. We learned a lot about group dynamics and working together as a team--field day and marching and covering for each other. I even got to take a short cruise on a destroyer on a very rough November day. All of us were manning the rail at that point. But it was a good start for our Navy careers and my next duty station.

**Which was where?**

Pensacola, FL, home of naval aviation. That was my first duty station and I loved it. There was a whole group of us from our class in Newport that had gone down there. I got to fly in planes. I got to land on an aircraft carrier in the back seat of a jet. Not all of us got to do that so I feel very lucky. We did a lot of backseat flying. An aircraft carrier is very small when you get to look down on it. I got a good appreciation what the aviators go through.

**What were your duties there at Pensacola?**

Initially, I started out on a medical floor and was charge nurse. Each shift you were always the charge nurse on a general medical ward. Then after awhile I was transferred to the

labor, delivery, and nursery area, and stayed there for most of my tour there at Pensacola. I learned a lot about babies, labor, delivery, and pediatrics, too.

**Where did you go after that?**

I went back to St. Albans near home and stayed there for 3 years. Again, I was back on pediatrics and nursery. I seemed to have an affiliation for it. I really enjoyed working with the kids. I did relieve in other areas, too, so I wasn't totally limited to those two. That was my first opportunity to get involved with supervision on night duty. We were always learning, no matter where we were or what we were doing. Here we were learning about supervision and handling personnel and problems that would come up in the evening or the night shift. I have very fond memories of St. Albans.

**It's a shame it was closed.**

Yes. It was a very good hospital. You ask a lot of people about St. Albans and they have very positive memories from there.

**Did you get your assignment to the *Repose* after that?**

Yes I did. I wanted it so badly, put in the request, and the chief nurse was very supportive. And after 3 years there, I got my orders and was very happy. But it took me a long time before I could tell my mother. I was living at home. I would start out by showing her a picture of a hospital ship. This was 1966 and things were just beginning to get busy. So I sat my mother down and said, "Here's one of the Navy's hospital ships!" I didn't show her any of the clinical pictures. And she said, "Gee, that's wonderful."

And I said, "Guess what, Mom? I'm going to be going there very shortly. Only for a year and then I'll be back."

I thought she would have a problem accepting it but I put it as positively as I could and she accepted it. Once I got over telling my mother, anything was up for grabs.

**I've talked to many nurses and whether they were from World War II, Korea, or Vietnam, the feeling I got was that they were thrilled to serve aboard those big, beautiful white ships. What were your feelings about being assigned to a hospital ship?**

I was ecstatic. A bit fearful because I didn't know what I was getting into but I felt like this was why I joined the Navy. This is why I became a nurse. Everything was coming together and it was. I wanted to go. This was the goal I had been worked towards. This was certainly the pinnacle of my career.

**Where did you report to the ship and when you got there, what did you see?**

I met a Navy nurse out in California who was going to be reporting the same as I was. We met at Travis Air Force Base. We had a long trip from California to Guam to the Philippines. Part of it was commercial, part of it was C-130s. We finally got onto a C-130 to go to meet our hospital ship. We landed in a place called Phu Bai, which was south of Hue. This was in October of '66. I remember that when we landed there, it was a very small airport. When we got off the plane, the person greeting us was a Catholic chaplain. He took us under his wing because there were no American women up there and had not been for many months. He took us to a med battalion where there was a hospital that had been set up. There were no nurses, just corpsmen and doctors. They billeted us in the intensive care unit which was in an air

conditioned quonset hut. We had some privacy and air conditioning. He also took us around and was our protector because we got to meet a lot of people in the few days we stayed there. We were going to be going up to Hue. I was excited about that. This was before it was destroyed during Tet.

They issued us utilities, a flak jacket, and a helmet. What did I know? We had not been able to get out to the ship because the weather was not good. Therefore, the helicopters could not fly out. But the day we reported, the weather had cleared and there was a patient with a minor injury they wanted to send out. By that time we had picked up a couple of other patients going out, like the new CO of the hospital and the new exec. So there were a few of us going out there at the same time. But we did miss out on the trip to Hue. And since it has been destroyed, I'm sorry we didn't get a chance to see it.

I had flown on a helicopter once before when I was in Pensacola but here we are over the water and all of a sudden we're looking down and seeing this beautiful vision out there. Knowing that we were going to land on it, I was just so excited.

We had a beautiful landing and were welcomed aboard with open arms, especially by the two nurses we were relieving. It took about 2 weeks for my stomach to settle down. That was my first impression. And being invited to dinner with the captain. I thought, "Gee, this is really nice." I still get excited when I think about it.

**At some point, probably not that many hours later, you were thrown into a new situation, making the transition from the excitement of arriving into becoming a part of the nursing staff.**

It was great and I'll tell you why. The nurses who had been there before--the initial crew--had trained so well with the corpsmen and doctors while the ship was still being commissioned, and then sailing over to Vietnam, it was training, training. So by the time we got there, they were still in a good training mode. We had an excellent orientation. I started out on the SOQ (sick officers' quarters) and learned a lot about the workings of the ward. I had a couple of officers explain to me about the Marine Corps which I did not know a lot about. When someone said they were from 3/4, I learned that that meant 3rd Battalion, 4th Marines. When I talked to patients then, I could at least be knowledgeable about where they had come from and what their situation was.

I also did duty on the malaria ward, where we had a lot of malaria patients. One time when we went to the Philippines with the malaria patients, when dusk came, I learned that you put mosquito netting around their bunks. This was so that when mosquitoes came aboard, they wouldn't bite them and then spread malaria around.

After a few months, I was transferred to the operating room area where I had the operating call every third night. Then I worked recovery and central supply. I did that because I had had operating room training in nursing school. I'm not going to say I enjoyed it but I really got an appreciation for all that the surgeons did and what we were able to accomplish operating on our Marine casualties and local Vietnamese children, women, and men who were injured. Our Marines were going out on medical missions and were finding children who might have had congenital deformities, particularly orthopedic. So we also did a lot of humanitarian work.

After spending about 6 months in that area, I went to the orthopedics ward and the EENT ward and that's where I stayed until I left.

**I've heard people say that the level of medicine practiced on the hospital ship was equal to or even better than what you might have found in a stateside hospital. How did you find the level of care and the quality of the medicine practiced?**

The level of care and the level of medicine that we provided was certainly as good, if not better, than what would have been practiced in a civilian hospital. In the Navy hospital that I had been at before I went to the ship, we certainly did the same quality of work, if not better, because everything was short-term. We never got to see the results of everything we did. You would operate, try to get people stabilized, and then we'd ship them off to where they would get more definitive care at Guam or even back to the States if they needed more. It was short-term in that we wouldn't get to see them recover like you would in a civilian hospital. When I went down to the operating room, the heart-lung machine that we were using there, the blood bank--the equipment, the machinery, the physicians, the nurses, the corpsmen were certainly on a par with what was going on back in the States. I had no illusions about that. I didn't worry that we were unable to do the best that we could there. For that time period in the late '60s, we did the best with what we had.

**Other folks I've talked to over the years who have been on hospital ships and in field hospitals have said pretty much what you have been saying that there was a level of frustration in never being able to follow a patient, never knowing the outcome. Did you find that frustration really bothersome?**

To a point. There were always more coming in that you made room for. There were also some patients that we did send back to duty. And that was hard. If their wounds or medical condition was not severe enough that they had to be medevaced back to more definitive care, there were some we sent back . . . You worried about them. You knew they were going back to their units and they weren't going home. So whenever we could, we were out there saying goodbye, wishing them luck, and if they ever need us again, we'd be here.

I'll tell you one story. When I left the *Repose* and went home--to Camp Lejeune--and I came back from Vietnam on a medevac flight, a lot of my patients from orthopedics were on that flight. And when I got to Camp Lejeune and went to work on the orthopedics ward, who were there but some of the patients I had taken care of aboard the *Repose*. And that was the first time I got to see the end results. Some of these Marines were still in spica casts and would require other surgeries. Or they were undergoing rehabilitation. It was good for me to see the results of what we had done.

**Are there any patients in particular that stand out in your mind?**

I don't remember names at all but there was the young, blonde fellow from the Midwest somewhere. He had bought his mother a present on board the ship and he was going back to duty. He wanted to send it before he went. "Miss Leonard, how do I do this?"

I said, "I'll be happy to wrap it for you and get it ready for mailing." And so I wrote a note to his mother just telling her what a terrific son she had and I stuck it in the box. I have no idea whether she got it but I just wanted to let her know that we were looking after him and he was terrific.

Another one I remember was when I was in the operating room. A Marine--kind of a football player--big and burly. He had a very bad leg wound and developed gangrene. We did everything we could. We even had a hyperbaric chamber on board and a submarine officer. We tried to use that, at times, to treat gangrene. But nothing was working with this guy. I remember

when the surgeon came up to him and told him that he would lose his leg. I remember him saying, “Doc, I’m still alive. You’ve gotta do what you’ve gotta do to keep me alive.” And that’s what they did. Others made an impression on you for one reason or another--their sense of humor, their worrying about their buddies. I’ll always carry that with me.

**What was your next assignment after the *Repose*?**

Naval Hospital Camp Lejeune, NC. I began on orthopedics and wound up back in obstetrics with the babies and the pregnant ladies. I enjoyed my time there at Lejeune. This was 1967-69. We thought we were very protected on base but the problems of the outside world began to encroach even on the base--drugs and so forth. Those of us who had been there, we had a better appreciation of what was going on.

I was there for 2 years and then I went to school, the University of Buffalo to get my baccalaureate in nursing. That was an eye-opener. The State University of New York at Buffalo at that time was known as the “Berkeley of the East.” In 1969 I walked on that campus and saw a banner on the student union building that said: “Long Live the Memory of Ho Chi Minh.” There were demonstrations, and that was the first time I ever smelled tear gas. I remember a group of us fighting our way into a classroom because they wanted to shut down the university. We made it in but the professor never did. There was a lot of drugs going on with the civilian nurses. Some of us nurses who were going back for our degree . . . I had been invited to a couple of gatherings. One nurse came up to me and said, “I have to let you know that at this party you have to expect that there will be drugs.” So, I said, “Thank you but please don’t expect to see me there because I have too much to lose to even consider being in an area where there were illegal drugs going on.”

**So, you got your degree there?**

I got my BSN. That was an education on both levels. When I graduated I then went to Naval Hospital Lemoore, CA, at the naval air station in the middle of the San Joachin Valley, 35 miles southwest of Fresno. Again, I was assigned to labor and delivery.

**You were type cast.**

Every time they needed somebody to go there, I would go. I knew a little bit about it so I was okay. And when they needed someone to fill in on general-medical-surgical, I could do that, too. That was a specialty that not many people knew. We had a great OB staff. As a matter of fact, the head of the OB department later became the Surgeon General of the Navy, Admiral Zimble. We delivered a lot of babies together. I was there for 4 years. It was small and got smaller every year I stayed there. It was very much like being aboard ship. There was a small group of nurses banding together--doing things together--and helping each other out. It wasn’t to the same degree as aboard the *Repose* where we have all those special memories and we keep in touch. But small duty stations tend to allow you to rise to your level a little bit quicker, or sink to a level a bit quicker.

I did not do any flying while I was at Lemoore but we had a number of squadrons that had been out on carriers in Vietnam. The first POW--[Everett] Alvarez--had been stationed at Lemoore. It was another good duty station. They were all good. We were told that we would bloom where we were planted, and that’s the way it was.

**Where did you go from there?**

U.S. Naval Hospital Yokosuka, Japan. When I got there, I ran into a general surgeon who had been aboard the *Repose* with me by the name of Don Hagen, who later became the Surgeon General. I was very lucky. I was stationed with a couple of future Surgeons General. This was another excellent duty station because I was in a position to learn again. I became the Assistant Director of Nursing and a supervisor. I was there 2 years.

**It sounds as though if you wanted to become the Surgeon General of the Navy the prerequisite was to serve with Dottie Leonard.**

I'd like to think that I had some influence. I was very fortunate to work with that quality of individual be it delivering babies or doing general surgery or . . . May I tell you a funny story about Yokosuka?

**Sure.**

I was the A.M. supervisor and assistant director and before I went back to my BOQ, I made final rounds and it was getting toward supper time. I decided to stay in the hospital and eat supper. Commander, at that time, Hagen had the duty that night and his wife Karen and his children came over to have supper with us. Then we heard the announcement over the loudspeaker wanting him to report to the obstetrics--labor and delivery STAT. So he did. Well being an old war horse from labor and delivery, how could I not follow him down the passageway. When we got there, there were deliveries going on. The obstetrician who was on duty was tied up with a complication. CDR Hagen went into one of the other delivery rooms with this other lady and delivered her baby. I was in the labor room delivering another baby. We got to deliver babies again. I had not delivered babies with him before but here we were again responding to a crisis situation and delivering good healthy babies. Don Hagen and I always talk about that night. I guess you have to have a little obstetrical background besides working with me to become Surgeon General. I was truly blessed.

From Yokosuka I went to Naval Hospital Long Beach, CA, where I started out as the supervisor of the obstetrical department and then after a short while I became Director of Nursing. That was another great learning experience. Long Beach also had the Navy's alcohol rehabilitation service that Dr. [Joseph] Pursch had started, the one Betty Ford had gone through before she started the Betty Ford Center. I remember being home on leave in New York and was in a little hardware store in Queens and they had the radio on. The news came on and they were talking about Betty Ford being admitted to Long Beach Naval Hospital's alcohol rehabilitation program and then I heard this voice coming over the radio and it was Dr. Zimble, who was Director of Clinical Services at Long Beach. And he was talking about her being there. And so when I got out to Long Beach to report in, here was Dr. Zimble again. I'm blessed that good pennies keep showing up in my life and have definite positive influences on me. He certainly did.

I had a chief nurse, CAPT Maggie Donahue, who is now retired in San Diego, who really taught me a great deal. She had a good management style that I liked. It was more hands off and getting involved when you needed to support your people. When the time came when Admiral Shea was looking for a replacement for someone back in the Bureau who was leaving the nursing department, CAPT Donahue recommended me to go. I was a commander and then I became a captain selectee so I was very junior to be going to the Bureau to be on her staff. There was another lady who took a chance on me. When I left Long Beach, I went to BUMED on Admiral

Shea's staff. I've always had good people teaching me and I hope I've done the same for others who have come up behind me.

**This was another level of responsibility. You had been an active practicing nurse and now you were at the Bureau of Medicine and Surgery. Could you describe the difference?**

When I reported to BUMED I really had no idea what I was getting myself into. I knew a little about the responsibilities that would have but a lot of it had to do with the professional practice of nursing in the Nurse Corps. We were a clearing house for a lot of procedures. I also had a major role in recruiting. I was not a direct recruiter but the recruiters touched base with me unofficially about candidates that were applying. I was part of the review board that reviewed these applications. I went out and made some field trips with some of the recruiters to represent Washington and to show support. I also went out and spoke to some schools and some colleges of nursing. When the Recruiting Command did a new brochure, I went out as the technical advisor.

**Did you retire from the Bureau?**

No. I went down to Naval Hospital Charleston to be the Director of Nursing and I was only there a year because I got a call to come back to be the senior Nurse Corps detailer at the Naval Military Personnel Command or BUPERS.

**Thank you for sharing your career with us.**